Traffic Crash Report	Local Report Number *	Crash Severity Hit/Skip
Local Information	1721-10/1811 11	1 - Fatal 2 - Injury 3 - PD0
Photos Taken OH-2 OH-1P CHORD OTHER OH-3 OHHER OH-3 OHHER OH-3 OHHER OHHER OF State Property Private Property OH-3 OHHER OH-3 OHHER OHR OHR OHR OHR OHR OHR OHR OHR OHR OH	:c	Number of Unit in error 98 - Animal 99 - Unknown
County *	Crash Date *	Time of Crash  Day of Week  Thilk
Degrees / Minutes / Seconds Latitude Longitude O / // O / //	Decimal Degrees Latitude	Longitude
	3191411871651 or Milepost 2	-1814119101018131
N - Northbound E - Eastbound S - Southbound W - Westbound D 2 AV - Avenue BL - Bouleval	CR - Circle HE - Heights MP - Mile CT - Court HW - Highway PK - Park rd DR - Drive LA - Lane PI - Pike	way RD- Road TE- Terrace SQ- Square TL- Trail
Route Type 1	Type <sup>2</sup> US - US Rou SR - State Ro	te Route (inc. turnpike) CR - Numbered County Route te TR - Numbered Township Route
200  Niles S N,S, E,W 9  Nyards  N,S, E,W	ference Name (Road, Milepost, House #)	Reference Road Type 2
	way Grade Crossing red-Use Paths or Trails Related	Location of First Harmful Event 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
Road Contour  1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level  Road Conditions Primary Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice	06 - Water (Standing, Moving) 10 - (	Rut, Holes, Bumps, Uneven Pavement* Other Unknown * Secondary Condition Only
1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Two Motor Vehicles 3 - Head-On 6 - Angle Direction	eather  1 - Clear 4 - Rain 2 - Cloudy 5 - Sleet, Ha 3 - Fog, Smog, Smoke 6 - Snow	7 - Severe Crosswinds ail 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
Road Surface  1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 3 - Dusk 4 - Dark - Lighted	6 - Dark - Unknown Roadway Lighting 7 - Glare* Roadway 8 - Other	O - Unknown School School Bus Related Yes, School Bus Directly Involved Related Yes, School Bus Indirectly Involved
□ Work Zone       □ Law Enforcement Present (Officer/Vehicle)       □ Law Enforcement Present (Vehicle Only)       □ Law Enforcement Present (Vehicle Only)       □ Law Enforcement Present (Vehicle Only)       □ Type of Work Zone       □ 1 - Lane Closure       4 - Intermittent         2 - Lane Shift/Crossover       5 - Other         3 - Work on Shoulder or Median	or Moving Work  Location of Crash in Work Z  1 - Before the First 2 - Advance Warn 3 - Transition Area	st Work Zone Warning Sign 4 - Activity Area ing Area 5 - Termination Area
Vnit 3 Was northbond on 48	Diagram	Write an "N" on the compass diagram to
and Slowed in traffic. Unit 2		indicate the direction of north.
traffic Unit 1 misalso north		
band on 48 failed to Keep		
a safe distance and struck		C001/
3. Pushing unit 2 into unit		
		[3]
	Not to	
Report Taken By Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Scale i	
Date Crash Reported   Time Crash Reported   Dispatch Time   Arrival Time   N   P   P   P   P   P   P   P   P   P	A	Other Investigation Time Total Minutes
Officer's Name * Officer's E	Badge Number Checked By	(3)
E +6/mc 5 H5Y7001 OH1 Rev 01/13 [760-0820]	o 10h	Page of

OHIO I ni-	<b>k</b> ,				Local Report Nu	mber	No.
EDUCATION - SERVICE - PROTECTION	L		_		1/151-1	<u> </u>	
Unit Number Owner Name: Last, Fi	rst, Middle ( 🗖 Same As Driver)		Owner Phone Number - i	inc. area code (		Damage Scale	Damaged Area
Owner Address: City, State, Zip (	6					Z	Front
owner Address. City, State, Zip ( 5	Same As Driver)					1 - None	09 03
LP State License Plate Number		Vehicle Identification Number		•	# Occupants	2 - Minor	
10 HJ ESY7107		LIVINISIADI	13111016171	41011011	الاامالية	3 - Functional	08 10 04
Vehicle Year Vehicle Make		Vehicle Model		Vehicle Color			
Proof of Insurance Company		Policy Number	Towe	Blac	K	4 - Disabling	06 06
Insurance Shown	Ohio Tasucare	AP60036	7628			9 - Unknown	Rear
Carrier Name, Address, City, State, Zip	) - 110 - 11	W = 0 = 0	1000			Carrier Phone	- include area code
	and the contract of the contra	argo Body Type	y Type/Not Applicable 09	Dele	Trafficway Descrip	otion	
HM Placard ID No. 2	- Less Than or Equal to 10k Lbs. - 10,001 to 26,000 Lbs - More Than 26,000 Lbs.	02 - Bus/Van (9-15 03 - Bus (16+ Sea	Seats, Inc Driver) 10	- Cargo Tank - Flat Bed	2 2 - Two-W	ay, Not Divided ay, Not Divided, Co	ontinuous Left Turn Lane
	- More man 20,000 Eds.	04 - Vehicle Towing 05 - Logging	Another Vehicle 12	- Dump - Concrete Mixer	4 - Two-W	ay, Divided, Positiv	tected(Painted or Grass > 4 Ft.) Mediar ve Median Barrier
	Hazardous Material Released	06 - Intermodal Co 07 - Cargo Van/End	closed Box 15	<ul> <li>Auto Transporter</li> <li>Garbage/Refuse</li> </ul>	☐ Hit / Skip Uni	ay Trafficway	······
Non-Motorist Location Prior to Impac	Type of ose	08 - Grain, Chips, G Unit Type		- Other/Unknown			
01 - Intersection - Mark 02 - Intersection - No C 03 - Intersection - Other	rosswalk	01 - Sub-Cor		13 - Single Uni	cs or Combo Units > t Truck or Van 2axle	. 6 tires 21 - B	n/Limo (9 or More Including Driver) ius/Van (9-15 Seats, Inc Driver)
04 - Midblock - Marked 05 - Travel Lane - Other	Crosswalk I - Personal	99 - Unknown or Hit / Skip 04 - Full Size	e	14 - Single Uni 15 - Single Uni 16 - Truck/Trac		Non-Mo	
06 - Bicycle Lane 07 - Shou <del>l</del> der/Roadside	3 - Government	05 - Minivan 06 - Sport U		17 - Tractor/Se 18 - Tractor/Do	mi-Trailer	24 - A	inimal with Rider inimal with Buggy, Wagon, Surrey icycle/Pedacyclist
08 - Sidewalk 09 - Median/Crossing Is 10 - Driveway Access		07 - Pickup 08 - Van	ale.	19 - Tractor/Tri 20 - Other Med		26 - P	edestrian/Skater ther Non-Motorist
11 - Shared-Use Path or 12 - Non-Trafficway Are		09 - Motorcy 10 - Motoriz 11 - Snowme	ed Bicycle <sup>,</sup>	□ Hee H	IM Discoud		
99 - Other/Unknown  Special Function 01 - None		12 - Other Pa	assenger Vehicle  Most Damaged		IM Placard	· "	
02 - Taxi 03 - Rental Truck (0	09 - Ambulance 10 - Fire Iver 10k Lbs) 11 - Highway/Main	17 - Farm Vehicle 18 - Farm Equipment tenance 19 - Motorhome		01 - None 02 - Center Front	08 - Left Side 09 - Left Front	99 - Unkno	Own Action 1 - Non-Contact 2 - Non-Collision
04 - Bus - School (F 05 - Bus - Transit	ublic or Private) 12 - Military 13 - Police	20 - Golf Cart 21 - Train	Impact Area	03 - Right Front 04 - Right Side	10 - Top and Win 11 - Undercarria		3 - Striking 4 - Struck
06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	14 - Public Utility 15 - Other Governm		1012	05 - Right Rear 06 - Rear Center 07 - Left Rear	12 - Load/Trailer 13 - Total(All Area 14 - Other	s)	5 - Striking/Struck 9 - Unknown
Pre-Crash Actions  Motorist	16 - Construction E	quip.		and the second	11 0000		
01 - Straight A		13 - Negotiati Lane 14 - Other Mo	ng a Curve 15 -	144 114 6 1	ng Specified Location Jogging, Playing, Cy	55 mm (c)	r Non-Motorist Action
99 - Unknown 03 - Changing 04 - Overtaking	Lanes 09 - Leaving Traffic g/Passing 10 - Parked	Lane	17 - 18 -	Working Pushing Vehicle		,	
05 - Making R 06 - Making Le		ped in Traffic		Approaching or Lea Standing	aving Vehicle		
Contributing Circumstances Primary Motorist			Non-Moto	prict	, , , , , ,	Vehicle Defects	
01 - None 02 - Failure to		oper Backing oper Start From Parked Position	22 - Noi			02	- Turn Signals - Head Lamps - Tail Lamps
03 - Ran Red 04 - Ran Stop Secondary	Light 13 - Stopp Sign 14 - Opera	oed or Parked Illegally ating Vehicle in Negligent Manne	24 - Dar er 25 - Lyi	ting ng and/or Illegally i		, 05	- Brakes - Steering
05 - Exceeded 06 - Unsafe S 07 - Improper	peed 16 - Wror	ving to Avoid (Due to External C ig Side/Wrong Way re to Control	27 - Not	lure to Yield Right of t Visible (Dark Cloth		07	- Tire Blowout - Worn or Slick tires
08 - Left of C	enter 18 - Visio	n Obstruction ating Defective Equipment		ttentive lure to Obey Traffic gnals/Officer	Signs	09	Trailer Equipment Defective     Motor Trouble     Disabled From Prior Accident
10 - Improper /Passing/	Lane Change 20 - Load	Shifting/Falling/Spilling Improper Action	30 - Wr	ong Side of the Roa er Non-Motorist Ac			- Other Defects
Sequence of Events	4 5 5 4	Non-Collision Event	-	Equipment F-11		and Marketter	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		01 - Overturn/Roll 02 - Fire/Explosio 03 - Immersion	n :	Equipment Failure (Blown Tire, Brake Fa Separation of Unit	ilure, etc) 11 - Cr	oss Median oss Center Line posite Direction of	
First Most Harmful Event Event	99 - Unknown	04 - Jackknife 05 - Cargo/Equipn		Ran Off Road Righ Ran Off Road Left	t 12 - Do	wnhill Runaway her Non-Collision	
Collision with Person, Vehicle or Object Not Fixed  Collision with Person, Vehicle or Object Not Fixed  25 - Impact Attenuator/Crash Cushion  33 - Median Cable Barrier  41 - Other Post, Pole 48 - Tree							
14 - Pedestrian 15 - Pedalcycle	21 - Parked Motor Vehicle 22 - Work Zone Maintenance		r Abutment 35	<ul> <li>Median Guardrai</li> <li>Median Concrete</li> </ul>	il Barrier Barrier 42 -	or Support Culvert	49 - Fire Hydrant : 50 - Work Zone Maintenance
16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer	23 - Struck by Falling, Shifti or Anything Set in Motic Motor Vehicle		37	<ul> <li>Median Other Ba</li> <li>Traffic Sign Post</li> <li>Overhead Sign Post</li> </ul>	44 -	Ditch	Equipment 51 - Wall, Building, Tunnel
19 - Animal - Other 20 - Motor Vehicle in Transport	24 - Other Movable Object	31 - Guardrail End 31 - Guardrail End 32 - Portable Barr	d 39	<ul> <li>Uvernead Sign Po</li> <li>Light/Luminaries</li> <li>Utility Pole</li> </ul>	Support 46 -	Embankment Fence Mailbox	52 - Other Fixed Object
Unit Speed Posted Speed	Traffic Control 01 - No Controls	07 - Railroad Crossbuck	<u> </u>	Unit	Direction		6 Northwest 0 !!!
15101	02 - Stop Sign 03 - Yield Sign	08 - Railroad Flashers 09 - Railroad Gates	14 - Walk/Don 15 - Other		om 5 To 1	1 - North 2 - South 3 - East	5 - Northeast 9 - Unknown 6 - Northwest 7 - Southeast
Stated Estimated	04 - Traffic Signa 05 - Traffic Flashe	10 - Construction Barri ers 11 - Person (Flagger, O	cade 16 - Not Repor fficer)	ted		4 - West	8 - Southwest
HSY8304 OH1U [760-0820] 2/13	06 - School Zone	12 - Pavement Marking	S		-		Page of

OHIO DOMINION OF PUBLIC SAFETY			Local Report Nu	ımher	
OF PUBLIC SAFETY  EDUCATION - SERVICE - PROTECTION			Local Report IVE		
Unit Number   Owner Name: Last, First, Middle   ( ☐ Same As Drive	r)	Owner Phone Number - inc. area code	( Same As Driver)	Damage Scale	Damaged Area
$ \Omega(0) $	•				Front Front
Owner Address: City, State, Zip ( Same As Driver)		513-305-41	50	121	02
· ·				1 - None	09)
LP State License Plate Number	Vehicle Identification Number	<del></del>	# Occupants	2 - Minor	
10141 CC017, EQ	   171+1012101414	1E151B1911 1319151			08 10 10
Vehicle Year Vehicle Make	Vehicle Model	Vehicle		3 - Functional	
1261411 Tout	45	Oak	V Plus	4 - Disabling	07
Proof of Insurance Company	Policy Number	Towed By	* Due	1	
Carrier Name, Address, City, State, Zip	A04 0205	788		9 - Unknown	Rear
oarrier wante, Address, Orty, State, Zip				Garrier Phone-	include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type		Trafficway Descri	I	·
1 - Less Than or Equal to 10k Lbs.  HM Placard ID No.  2 - 10,001 to 26,000 Lbs	02 - Bus/Van (9-15		1 - Two-V	Vay, Not Divided	diament - O. T
3 - More Than 26,000 Lbs.	03 - Bus (16+ Sea 04 - Vehicle Towing		3 - Two-W	Vay, Divided, Unprote	tinuous Left Turn Lane cted(Painted or Grass >4 Ft.) Med
HM Class Hazardous Material	05 - Logging 06 - Intermodal Co	13 - Concrete M ntainer Chassis 14 - Auto Trans	F 0 M	Vay, Divided, Positive Vay Trafficway	Median Barrier
Number Released	07 - Cargo Van/En 08 - Grain, Chips, (			it	
Non-Motorist Location Prior to Impact  O1 - Intersection - Marked Crosswalk  Type of Use	Unit Type Passenger Veh	icles (less than 9 passengers) Med/Heavy	Trucks or Combo Units >	10k lbs - Rus/Van/I	Limo (9 or More Including Driver)
02 - Intersection - No Crosswalk 03 - Intersection - Other	01 - Sub-Co	npact 13 - Sing	le Unit Truck or Van 2axle	e, 6 tires 21 - Bu	s/Van (9-15 Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 1 - Personal	99 - Unknown 03 - Mid Siz or Hit / Skip 04 - Full Siz	e 15 ~ Sing	lle Unit Truck; 3+ axles lle Unit Truck / Trailer	22 - Bu Non-Mote	S (16+ Seats, Inc Driver) Drist
05 - Travel Lane - Other Location 2 - Commercial 3 - Government	05 - Minivar	17 - Trac	k/Tractor (Bobtail) tor/Semi-Trailer		imal with Rider imal with Buggy, Wagon, Surre
07 - Shoulder/Roadside 08 - Sidewalk	06 - Sport U 07 - Pickup	19 - Trac		25 - Bio	cycle/Pedacyclist destrian/Skater
09 - Median/Crossing Island 10 - Driveway Access □ In Emergency	08 - Van 09 - Motorc	rcle	r Med/Heavy Vehicle		ner Non-Motorist
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area	11 - Snowm		as HM Placard	]	
99 - Other/Unknown  Special Function 01 - None 09 - Ambulance	12 - Other P	Assenger Vehicle Most Damaged Area		<u> </u>	Action
02 - Taxi 10 - Fire	18 - Farm Equipment intenance 19 - Motorhome	01 - None 02 - Center	08 - Left Side Front 09 - Left Front	99 - Unknov	vn 1 - Non-Contact
03 - Rental Truck (Over 10k Lbs) - 11 - Highway/Ma 04 - Bus - School (Public or Private) 12 - Military 05 - Bus - Transit 13 - Police	20 - Golf Cart 21 - Train	03 - Right F Impact Area 04 - Right S			5 2 - Non-Collision 3 - Striking 4 - Struck
06 - Bus - Charter 14 - Public Utility 07 - Bus - Shuttle 15 - Other Govern	22 - Other (Explain in N	05 01140	Rear 12 - Load/Traile	r	5 - Striking/Stru 9 - Unknown
08 - Bus - Other 16 - Construction Pre-Crash Actions		07 - Left Re			
Motorist	§	Non-Motorist			V*
01 - Straight Ahead 07 - Making U-Tur 02 - Backing 08 - Entering Traff	ic Lane 14 - Other Mc	torist Action 16 - Walking, Rur	Crossing Specified Location aning, Jogging, Playing, C		Non-Motorist Action
99 - Unknown 03 - Changing Lanes 09 - Leaving Traffi 04 - Overtaking/Passing 10 - Parked		17 - Working 18 - Pushing Vehi			
05 - Making Right Turn 11 - Slowing or Sta 06 - Making Left Turn 12 - Driverless	opped in Traffic	19 - Approaching 20 - Standing	or Leaving Vehicle		P
Contributing Circumstances				Vehicle Defects/	
Primary Motorist 01 - None 11 - Imp	proper Backing	Non-Motorist 22 - None	•	02 -	Turn Signals Head Lamps
	proper Start From Parked Position pped or Parked Illegally	23 - Improper Crossin 24 - Darting	ng		Tail Lamps Brakes
	erating Vehicle in Negligent Mann erving to Avoid (Due to External (	er 25 - Lying and/or Ille			Steering Tire Blowout
	ong Side/Wrong Way Jure to Control	27 - Not Visible (Dari 28 - Inattentive			Worn or Slick tires Trailer Equipment Defective
08 - Left of Center 18 - Vis	ion Obstruction rating Defective Equipment	29 - Failure to Obey T /Signals/Officer	raffic Signs	09	Motor Trouble Disabled From Prior Accident
10 - Improper Lane Change 20 - Loa	d Shifting/Falling/Spilling er Improper Action	30 - Wrong Side of th 31 - Other Non-Motor			Other Defects
Sequence of Events	Non-Collision Even	N A DESCRIPTION DESCRIPTION DE L'ANNUELLE	-	<u> </u>	· · · · · ·
1 2 0 2 20 3 T 4 T 5 T	6 01 - Overturn/Rol 02 - Fire/Explosio			ross Median ross Center Line	
First Most	03 - Immersion	07 - Separation o 08 - Ran Off Roa	of Units 0	pposite Direction of T ownhill Runaway	ravel
Harmful 99 - Unknow Event Event	05 - Cargo/Equip		11 6	ther Non-Collision	
Collision with Person, Vehicle or Object Not Fixed		uator/Crash Cushion 33 - Median Ca		Other Post, Pole	48 - Tree
	26 - Bridge Overh ce Equipment 27 - Bridge Pier c	r Abutment 35 - Median Co	ardrail Barrier Increte Barrier 42 -	or Support Culvert	49 - Fire Hydrant 50 - Work Zone Maintenance
16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shil 17 - Animal - Farm or Anything Set in Mo	tion by a 29 - Bridge Rail	37 - Traffic Sig	n Post 44 -	Curb Ditch	Equipment 51 - Wall, Building, Tunnel
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object	30 - Guardrail Fa 31 - Guardrail En	d 39 - Light/Lumi	inaries Support 46 -	Embankment Fence	52 - Other Fixed Object
20 - Motor Vehicle in Transport  Unit Speed Posted Speed Traffic Control	32 - Portable Bar	rier 40 - Utility Pole		Mailbox	
01 - No Control			Unit Direction From To		5 - Northeast 9 - Unknow
02 - Stop Sign 03 - Yield Sign	08 - Railroad Flashers 09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other		3 - East	6 - Northwest 7 - Southeast
☐ Stated 04 - Traffic Sign 05 - Traffic Flas   ☐ Estimated 05 - Traffic Flas	hers 11 - Person (Flagger, O	fficer)		4 - West	8 - Southwest
USVC200 OHAU 57(0 0000] ONA	e 12 - Pavement Marking	S			Page of

OHIO DOMINIO Unit		Local Report Number
OF PUBLIC SAFETY EDUCATION - SPRYICE - PROTECTION		1/151-101/181
Unit Number Owner Name: Last, First, Middle ( 🖵 Same As Drive	r) Owner Phone Number - inc. area code	( Same As Driver) Damage Scale Damaged Area
10131		Front
Owner Address: City, State, Zip ( Same As Driver)		1 - None 09 02 03
LP State License Plate Number	Vohicle Identification Number	
	Vehicle Identification Number	# Occupants 2 - Minor 08 10 10 04
Vehicle Year Vehicle Make	WN WILTH 6   3   3   4   1   E   1   3   7   7   6	3 - Functional
BREILI JOHN	5W 51/v	
Proof of Insurance Company	Policy Number Towed By	
Carrier Name, Address, City, State, Zip	0075112327	9 - Unknown Rear    Carrier Phone- include area code
		Carrier Fribite- include area code
Vehicle Weight GVWR/GCWR  1 - Less Than or Equal to 10k Lbs.	Cargo Body Type  01 - No Cargo Body Type/Not Applicable 09 - Pole	Trafficway Description
HM Placard ID No. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	02 - Bus/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank 03 - Bus (16+ Seats, Inc Driver) 11 - Flat Bed	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane
	04 - Vehicle Towing Another Vehicle 12 - Dump 05 - Logging 13 - Concrete Mix	<ul> <li>3 - Two-Way, Divided, Unprotected(Painted or Grass &gt; 4 Ft.) Median</li> <li>4 - Two-Way, Divided, Positive Median Barrier</li> </ul>
HM Class Hazardous Material Released	06 - Intermodal Container Chassis 14 - Auto Transpo 07 - Cargo Van/Enclosed Box 15 - Garbage/Refu	se
Non-Motorist Location Prior to Impact Type of Use	08 - Grain, Chips, Gravel 99 - Other/Unknov Unit Type	vn Hit / Skip Unit
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	llabi	rucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver) Unit Truck or Van 2axle, 6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)
03 - Intersection - Other 04 - Midblock - Marked Crosswalk 1 - Personal	02 - Compact 14 - Single 99 - Unknown 03 - Mid Size 15 - Single	Unit Truck; 3+ axles 22 - Bus (16+ Seats, Inc Driver) Unit Truck / Trailer Non-Motorist
05 - Travel Lane - Other Location 2 - Commercial 06 - Bicycle Lane 3 - Government	05 - Minivan 17 - Tractor	Fractor (Bobtail)  23 - Animal with Rider  7/Semi-Trailer  24 - Animal with Buggy, Wagon, Surrey
07 - Shoulder/Roadside 08 - Sidewalk	06 - Sport Utility Vehicle 18 - Tractor 07 - Pickup 19 - Tractor	/Triples 25 - Bicycle/Pedacyclist
09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail  Response	08 - Van 20 - Other N 09 - Motorcycle 10 - Motorized Bicycle	Med/Heavy Vehicle 27 - Other Non-Motorist
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area 99 - Other/Unknown	The state of the s	S HM Placard
Special Function 01 - None 09 - Ambulance	17 - Farm Vehicle Most Damaged Area	Action
	18 - Farm Equipment of 1 - None of 2 - Center Fr of 20 - Golf Cart of 3 - Right Fro	FI = Non combine
04 - Bus - School (Public or Private) 12 - Military 05 - Bus - Transit 13 - Police 06 - Bus - Charter 14 - Public Utilit	21 - Train Impact Area 04 - Right Sid	e 11 - Undercarriage 4 - Struck
07 - Bus - Shuttle 15 - Other Govern 08 - Bus - Other 16 - Construction	nment 06 - Rear Cent	er 13 - Total(All Areas) 9 - Unknown
Pre-Crash Actions Motorist		
01 - Straight Ahead 07 - Making U-Tur 02 - Backing 08 - Entering Traf		ossing Specified Location 21 - Other Non-Motorist Action ng, Jogging, Playing, Cycling
99 - Unknown 03 - Changing Lanes 09 - Leaving Traffi 04 - Overtaking/Passing 10 - Parked		
05 - Making Right Turn 11 - Slowing or St 06 - Making Left Turn 12 - Driverless	opped in Traffic 19 - Approaching or 20 - Standing	Leaving Vehicle
Contributing Circumstances		Vehicle Defects
Primary Motorist 01 - None 11 - Im	Non-Motorist proper Backing 22 - None	01 - Turn Signals 02 - Head Lamps
03 - Ran Red Light 13 - Sto	proper Start From Parked Position 23 - Improper Crossing apped or Parked Illegally 24 - Darting	03 - Tail Lamps 04 - Brakes
Secondary 05 - Exceeded Speed Limit 15 - Sw	erating Vehicle in Negligent Manner 25 - Lying and/or Illega erving to Avoid (Due to External Conditions) 26 - Failure to Yield Riç	ht of Way 06 - Tire Blowout
07 - Improper Turn 17 - Fai	ong Side/Wrong Way 27 - Not Visible (Dark C fure to Control 28 - Inattentive	08 - Trailer Equipment Defective
99 - Unknown 09 - Followed Too Closely/ACDA 19 - Ope	ion Obstruction 29 - Failure to Obey Tra erating Defective Equipment /Signals/Officer ad Shifting/Falling/Spilling 30 - Wrong Side of the	10 - Disabled From Prior Accident
/Passing/Off Road 21 - Oth	dd Shifting/Falling/Spilling 30 - Wrong Side of the ier Improper Action 31 - Other Non-Motorist	
Sequence of Events  1 2 3 4 5	Non-Collision Events     Non-Collision Events     Non-Collision Events   Non-Collision Ev	lure 10 - Cross Median
	02 - Fire/Explosion (Blown Tire, Brak 03 - Immersion 07 - Separation of U	e Failure, etc) 11 - Cross Center Line Units Opposite Direction of Travel
First Most Harmful 99 - Unknow	m 04 - Jackknife 08 - Ran Off Road R 05 - Cargo/Equipment Loss or Shift 09 - Ran Off Road L	Right 12 - Downhill Runaway
Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 33 - Median Cable	Barrier 41 - Other Post, Pole 48 - Tree
14 - Pedestrian 21 - Parked Motor Vehicle 15 - Pedalcycle 22 - Work Zone Maintenan	26 - Bridge Overhead Structure 34 - Median Guar ce Equipment 27 - Bridge Pier or Abutment 35 - Median Conc	drail Barrier or Support 49 - Fire Hydrant
16 - Raifway Vehicle (Train, Engine) 23 - Struck by Falling, Shi 17 - Animal - Farm 0r Anything Set in Mo	fting Cargo 28 - Bridge Parapet 36 - Median Other tion by a 29 - Bridge:Rail 37 - Traffic Sign F	Barrier         43 - Curb         Equipment           Post         44 - Ditch         51 - Wall, Building, Tunnel
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	30 - Guardrail Face 38 - Overhead Sig 31 - Guardrail End 39 - Light/Lumina	n Post 45 - Embankment 52 - Other Fixed Object ries Support 46 - Fence
Unit Speed Posted Speed Traffic Control	32 - Portable Barrier 40 - Utility Pole	47 - Mailbox Unit Direction
01 - No Control		From To 1 - North 5 - Northeast 9 - Unknown
03 - Yield Sign U Stated  O3 - Traffic Sign	09 - Railroad Gates 15 - Other nal 10 - Construction Barricade 16 - Not Reported	3 - East 7 - Southeast 4 - West 8 - Southwest
☐ Estimated 05 - Traffic Flas 06 - School Zon	hers 11 - Person (Flagger, Officer)	Page of
HSY8304 OH1U [760-0820] 2/13		

MOTORIST / NON-MOTORIST / OCCUPANT LOCAL REPORT NUMBER						
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE GENDER			
ADDRESS, CITY, STATE, ZIP	Douglas		11 7 7 1 4 3 F F - FEMALE M - MALE			
\$ 2297 Manistiauc Lak	les Drive Lebanon, Ohio, 6	1503b 5	ITACT PHONE- INCLUDE AREA CODE			
INJURIES INJURIES TAKEN BY EMS AGENCY		AFETY EQUIPMENT USED DOT COMPLIAN MOTORCYCLE HELMET				
≥		100 No. 100 No	ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE			
		CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY			
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	ACDA .	67477	DEVICE USED			
ADDRESS, CITY, STATE, ZIP	13	DATE OF BIRTH	AGE GENDER F - FEMALE M - MALE			
			CONTACT PHONE- INCLUDE AREA CODE  513 - 305 - 4156			
INJURIES INJURED TAKEN BY EMS AGENCY	Lebones Obio, 45036  MEDICAL FACILITY INJURED TAKEN TO	AFETY EQUIPMENT USED DOT COMPLIAN	TRAPPED TRAPPED			
OL C OPERATOR LICENSE NUMBER OL C	LASS No M/C CONDITION ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS ALCOHOL TEST TYPE	ALCOHOL TEST VALUE   DRUG TEST STATUS   DRUG TEST TYPE			
OFFENSE CHARGED ( LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	DRIVER DISTRACTED BY			
			HANDS-FREE DEVICE USED DEVICE			
INJURIES INJURED TAKEN BY  1 - No INJURY / NONE REPORTED 1 - NOT TRANSPORTED /  2 - POSSIOLE TREATED AT SCENE	Motorist		ON-MOTORIST 9 - None Used 12 - Reflective Clothing			
3 - Non-Incapacitating 2 - EMS 4 - Incapacitating 3 - Police 5 - Fatal 4 - Other		estraint System- Rear Facing 1 Seat 1	0 - HELMET USED 13 - LIGHTING 1 - PROTECTIVE PAOS USED 14 - OTHER (ELDOWS,KHEES, ETC)			
SEATING POSITION			Air Bag Usage			
02 - FRONT - MIDDLE	08 - Тико - Мюбье 13 09 - Тико - Risht Side 14	PASSENGER IN UNENCLOSED CARGO AREA     TRAILING UNIT     RIDING ON VEHICLE EXTERIOR (Non-Trailing     Non-Motorist				
05 - Second - Middle 06 - Second - Right Side	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA 16 (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 99	- Unknown	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
1 - NOT EJECTED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY	Departor License Class   Condition   1 - Class A   1 - Apparently Normal   2 - Class B   2 - Physical Impairment   3 - Class C   3 - Floating In Departs of A	5 - Fell Asleep, Faint 6 - Under The Influen	CE OF 2 - YES - ALCOHOL SUSPECTED			
4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C 4 - RESULAR CLASS (OHIO IS "D") 5 - MC/Moped Only  3 - EMOTIONAL (DEPRESSED, And A - ILLNESS)	GRY, DISTURBEO) MEDICATIONS, DRUGS 7 OTHER	S, ALCOHOL 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED			
1 - None Given 1 - No 2 - Test Refuseo 2 - Bu	000 2 - Test Refused	DRUG TEST TYPE DRIVER DISTRACTED  1 - None 1 - No DISTRACTIO 2 - BLOOD 2 - PHONE				
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN 5 - OTI	EATH 4 - TEST GIVEN, RESULTS KNOWN	3 - Urine 3 - Texting/E-mai 4 - Other 4 - Electronic Co 5 - Other Electri (Navication Devi	LING MMUNICATION DEVICE ONIC DEVICE			
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE GENDER F - FEMALE			
Address, City, State, Zip	and the second s	CONT	ACT PHONE- INCLUDE AREA CODE			
INJURIES INJURED TAKEN BY EMS AGENCY	The second secon	FETY EQUIPMENT USED DOT COMPLIANT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED			
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		MOTORCYCLE HELMET				
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH	AGE GENDER F - FEMALE M - MALE			
Address, City, State, Zip		CONTA	ACT PHONE- INCLUDE AREA CODE			
INJURIES INJURED TAKEN BY EMS AGENCY	Medical Facility Injured Taken To Sa	FETY EQUIPMENT USED DOT COMPLIANT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED			
		HELMET	PAGE OF			
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	MOTORIST / NON-MOTORIST / OCCUPANT LOCAL REPORT NUMBER						
	Unit Number Name: Last, First, Middle	DATE OF BIRTH AGE GENDER					
	O13 Jones L Jul. ADDRESS, CITY, STATE, ZIP	D 6 3 5 1 9 6 9 F M - MALE					
ě.		C+ Apt 505 LCBANCA C	La 450	2-10	NE-INCLUDE AREA CODE		
Motorist/Non-Metorisi	INJURES INJURED TAKEN BY EMS AGENCY		SAFETY EQUIPMENT USED	DOT COMPLIANT SEATI	ING POSITION AIR BAG USAGE EJECTION TRAPPED		
Мотов	OL STATE OPERATOR LICENSE NUMBER OIL OLH DH 686390	L CLASS NO NO N/C CONDITION ALCOHOL/DRUG SUSPECT	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE ALCOHO	L TEST VALUE DRUG TEST STATUS DRUG TEST TYPE		
	OFFENSE CHARGED ( LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANOS-FREE DRIVER DISTRACTED BY DEVICE USED		
	Unit Number Name: Last, First, Middle			DATE OF BIRTH	AGE GENDER F - FEMALE		
	Address, City, State, Zip	· · · · · · · · · · · · · · · · · · ·		CONTACT PHOP	M - MALE		
-Motorist	Injuries Injured Taken By EMS Agency	Medical Facility Injured Taken To	SAFETY EQUIPMENT USED	DOT COMPLIANT SEATI	NG POSITION AIR BAG USAGE EJECTION TRAPPED		
Motorist/Non-Motorist	OL STATE OPERATOR LICENSE NUMBER OL	CLASS CONDITION ALCOHOL/DRUG SUSPECT	ED ALCOHOL TEST STATUS	MOTORCYCLE HELMET	L TEST VALUE   DRUG TEST STATUS   DRUG TEST TYPE		
Mo		□ V <sub>ALID</sub> □ M/C E <sub>ND</sub> .			L TEST VALUE DING TEST STATUS DING TEST TYPE		
	OFFENSE CHARGED ( LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE Device Used Driver Distracted By		
	INJURIES INJURED TAKEN BY  1 - NO INJURY / NONE REPORTED / 1 - NOT TRANSPORTED / TREATED AT SCENE	Motorist	OWN SAFETY EQUIPMENT	Non-Motor 09 - Non			
	3 Non-incapacitating 2 - EMS 4 - Incapacitating 3 - Police 5 - Fatal 4 - Other 9 - Unknown			R FACING 10 - HELI 11 - PROI	MET USED 13 - LIGHTING 1 - LIGH		
	SEATING POSITION  01 - FRONT - LEFT SIDE (MUTORCYCLE DRIVER)	07 - THERD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - Passenger in Unen	CLOSED CARCO AREA	Air Bag Usage 1 - Not Deployed		
	02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE	09 - THIRO - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	13 - Trailing Unit 14 - Riding on Vehicle I 15 - Non-Motorist 16 - Other	EXTERIOR (Non-Trailing Unit)	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE		
	06 - Second - Right Side  EJECTION TRAPPED	(Non-Trailing Unit Such as a Bus, Pick-up with Cap)  Operator License Class Condition	99 - Unknown		9 - DEPLOYMENT UNKNOWN ALCOHOL/DRUG SUSPECTED		
	1 - NOT EJECTED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY 3 - PARTIALLY EJECTED MECHANICAL MEANS 4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/Moped Only	6 - Angry, Disturbed)	FELL ASLEEP, FAINTED, FATIG UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHO OTHER	2 - YES - ALCOHOL SUSPECTED		
	1 None Given	HOL TEST TYPE DRUG TEST STATUS NONE 1 - NONE GIVEN	DRUG TEST TYPE	DRIVER DISTRACTED BY  1 - NO DISTRACTION REPORT			
2022-2023-2023-2023	3 - Test Given, Contaminated Sample/Unusable 3 - 4 - Test Given, Results Known 4 -	BLOOD 2 - TEST REFUSED  URINE 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABE  BREATH 4 - TEST GIVEN, RESULTS KNOWN  5 - TEST GIVEN, RESULTS UNKNOWN	2 BLOOD E 3 URINE 4 OTHER	2 - Phone 3 - Texting/E-mailing 4 - Electronic Communica 5 - Other Electronic Devi (Navigation Device, Radio,	ce sinten en e		
	UNIT NUMBER NAME: LAST, FIRST, MIDDLE	1985年 - 1995年   1995年 - 19	282 <b>8</b>	DATE OF BIRTH	AGE GENDER F - FEMALE M - MALE		
CUPANT	Address, City, State, Zip			CONTACT PHON	E- INCLUDE AREA CODE		
ŏ I	INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT SEATING MOTORCYCLE	IG POSITION AIR BAG USAGE EJECTION TRAPPED		
1	UNIT NUMBER NAME: LAST, FIRST, MIDDLE			HELMET  DATE OF BIRTH	Age Gender		
LA.	Address, City, State, Zip			CONTACT PHON	F - FEMALE M - MALE		
OCCUPAL	NJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SACETY FAUTRUST HATT				
	INJUNED TAKEN DY EWIS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT  MOTORCYCLE  HELMET	IG POSITION AIR BAG USAGE EJECTION TRAPPED PAGE OF		
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